

09/715775

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/715775	FILING DATE				
						APPLICANT(S)					
5/7/04						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	/				
2	/					52	/				
3	/					53	/				
4	/					54	/				
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38	/					88					
39	/					89					
40	/					90					
41	/					91					
42	/					92					
43	/					93					
44	/					94					
45	/					95					
46	/					96					
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL IND.	33	2				TOTAL IND.					
TOTAL DEP.	34	28				TOTAL DEP.					
TOTAL CLAIMS	37	30				TOTAL CLAIMS					